



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C051204

| | |
|------------------------------------|-----------------|
| 1. DATE OF REPORT 1/16/2006 | OFFICE USE ONLY |
|------------------------------------|-----------------|

INSTRUCTIONS ON REVERSE SIDE

| | |
|--|---|
| 2. FULL NAME OF COMMITTEE MONTEE FOR AUDITOR | |
| 3. COMMITTEE MAILING ADDRESS PO BOX 127 CITY / STATE / ZIP ST JOSEPH MO 64502 | 4. COMMITTEE TELEPHONE NUMBER (816) 364-1650 |
| 5. TREASURER'S NAME GLENDA KELLY | |
| 6. TREASURER'S MAILING ADDRESS PO BOX 127 CITY / STATE / ZIP ST JOSEPH MO 64502 | 7. TREASURER'S TELEPHONE NUMBER HOME: (816) 364-1650 WORK: |
| 8. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER | |
| 9. DEPUTY TREASURER'S MAILING ADDRESS | 10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: WORK: |
| 11. DATE OF ELECTION 8/8/2006 | 12. TYPE OF ELECTION (CHECK ONE) <input type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL |
| 13. TIME PERIOD COVERED BY THIS STATEMENT FROM 10/1/2005 THROUGH 12/31/2005 | |
| 14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY SUSAN MONTEE 4112 MILLER RD ST JOSEPH MO 64505 (816) 364-0546 STATE AUDITOR <input type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input checked="" type="checkbox"/> DEMOCRAT <input type="checkbox"/> | 15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input checked="" type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____ |
| 16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Jan 16 2006 10:17AM _____ TREASURER'S SIGNATURE | 17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Jan 16 2006 10:17AM _____ CANDIDATE'S SIGNATURE |



Missouri Ethics Commission
REPORT SUMMARY
 INSTRUCTIONS ON REVERSE SIDE

| | | |
|--------------------|----------------|-----------------|
| NAME OF COMMITTEE | DATE OF REPORT | OFFICE USE ONLY |
| MONTEE FOR AUDITOR | 1/16/200 | |

| RECEIPTS | A. THIS PERIOD | B. THIS ELECTION | STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION | |
|--|----------------|------------------|---|----------------|
| 1. TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED | | \$ 500,000.00 | | |
| 2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD | \$ 61,835.00 | | MONEY ON HAND | |
| 3. ALL LOANS RECEIVED THIS PERIOD | + \$ 0.00 | | | |
| 4. MISCELLANEOUS RECEIPTS THIS PERIOD | + \$ 3,006.82 | | | |
| 5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A) | \$ 64,841.82 | | 25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS) | \$ 500,000.00 |
| 6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD | + \$ 0.00 | | 26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5) | + \$ 64,841.82 |
| 7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A) | \$ 64,841.82 | | 27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24) | - \$ 10,323.65 |
| 8. FUNDS USED FOR REPAYING LOANS THIS PERIOD | - \$ 0.00 | | a) Disbursements By Check \$ 10,323.65 b) Disbursements By Cash \$ 0.00 | |
| 9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A) | | \$ 564,841.82 | 28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 - 27) | \$ 554,518.17 |
| EXPENDITURES | A. THIS PERIOD | B. THIS ELECTION | INDEBTEDNESS | |
| 10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED | | \$ 0.00 | | |
| 11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD | \$ 10,323.65 | | | |
| 12. IN-KIND EXPENDITURES MADE THIS PERIOD | + \$ 0.00 | | 29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD | \$ 500,000.00 |
| 13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS) | + \$ 0.00 | | 30. LOANS RECEIVED THIS PERIOD | + \$ 0.00 |
| 14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A) | \$ 10,323.65 | | 31. NEW DEBTS INCURRED THIS PERIOD | + \$ 0.00 |
| 15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A) | | \$ 10,323.65 | 32. PAYMENTS MADE ON LOANS THIS PERIOD | - \$ 0.00 |
| CONTRIBUTIONS MADE | A. THIS PERIOD | B. THIS ELECTION | 33. CREDITS RECEIVED ON LOANS THIS PERIOD | - \$ 0.00 |
| 16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED | | \$ 0.00 | 34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD | - \$ 0.00 |
| 17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD | \$ 0.00 | | 35. TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34) | \$ 500,000.00 |
| 18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD | + \$ 0.00 | | | |
| 19. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A) | \$ 0.00 | | | |
| 20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A) | | \$ 0.00 | | |
| OTHER DISBURSEMENTS | A. THIS PERIOD | B. THIS ELECTION | | |
| 21. FUNDS USED FOR REPAYING LOANS THIS PERIOD | + \$ 0.00 | | | |
| 22. PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED | + \$ 0.00 | | | |
| 23. ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE | + \$ 0.00 | | | |
| 24. TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A) | \$ 0.00 | | | |



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

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|--|--|--|---|
| 1. NAME OF COMMITTEE MONTEE FOR AUDITOR | | 2. REPORT DATE 1/16/2006 | |
| A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. | | 4. DATE RECEIVED ----- AGGREGATE TO DATE | 5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND) |
| 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) | | | |
| NAME: ADDRESS: CITY / STATE: View Supplemental Form(s) EMPLOYER: <input type="checkbox"/> COMMITTEE: | | \$ ----- \$ | \$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE: | | \$ ----- \$ | \$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE: | | \$ ----- \$ | \$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE: | | \$ ----- \$ | \$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE: | | \$ ----- \$ | \$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE: | | \$ ----- \$ | \$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| 6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5) | | \$ 0.00 | |
| 7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES | | + \$ 61,595.00 | |
| 8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7) | | \$ 61,595.00 | |
| 9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS | | \$ 61,595.00 | |
| 10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS | | \$ 0.00 | |
| B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS) | | AMOUNT RECEIVED | |
| 11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A | | \$ 0.00 | |
| 12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS | | \$ 0.00 | |
| 13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS | | \$ 240.00 | |
| 14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS | | \$ 0.00 | |
| C. LOANS RECEIVED | | 16. DATE RECEIVED | |
| 15. NAME AND ADDRESS OF LENDER | | 17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B) | |
| NAME: ADDRESS: CITY / STATE: | | | \$ |
| NAME: ADDRESS: CITY / STATE: | | | \$ |
| 18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17) | | \$ 0.00 | |
| 19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES | | \$ 0.00 | |
| 20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19) | | \$ 0.00 | |
| 21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) | | \$ 0.00 | |
| 22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13) | | \$ 61,835.00 | |
| 23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20) | | \$ 61,835.00 | |



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

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|---|-------------------|
| NAME OF COMMITTEE MONTEE FOR AUDITOR | DATE 1/16/2006 |
|---|-------------------|

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

| A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. | 4. DATE RECEIVED ----- AGGREGATE TO DATE | 5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND) |
|---|---|---|
| 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Laborers Local 579 CITY/STATE: 1222 S. 10th Street EMPLOYER: St. Joseph, MO 64503 <input checked="" type="checkbox"/> COMMITTEE: | 10/21/2005 ----- \$ 0 | \$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Committee to Elect Ed Wildberger CITY/STATE: 520 Southwood Lane EMPLOYER: St. Joseph, MO 64506 <input checked="" type="checkbox"/> COMMITTEE: | 10/22/2005 ----- \$ 0 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: N.W.Mo Central Labor Council CITY/STATE: 1222 S. 10th Street EMPLOYER: St. Joseph, MO 64503 <input checked="" type="checkbox"/> COMMITTEE: | 12/5/2005 ----- \$ 0 | \$ 350.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Progress in Video Electronics CITY/STATE: 8400 Hanley Industrial Ct. EMPLOYER: St. Louis, MO 63144 <input checked="" type="checkbox"/> COMMITTEE: | 12/7/2005 ----- \$ 0 | \$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Clinton County Central Democratic Committee CITY/STATE: P.O. Box 282 EMPLOYER: Plattsburg, MO 64477 <input checked="" type="checkbox"/> COMMITTEE: | 12/28/2005 ----- \$ 0 | \$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Anthony Drummond 400 Jules Street, Suite 310 CITY/STATE: St. Joseph, MO 64501 EMPLOYER: Insurance Broker <input type="checkbox"/> COMMITTEE: | 10/6/2005 ----- \$ 0 | \$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Joseph Lewis, Jr. 12600 W. 130 St. CITY/STATE: Overland Park, KS 66213 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 10/6/2005 ----- \$ 0 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Patrick Squires 2649 Frederick Ave. CITY/STATE: St. Joseph, MO 64506 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE: | 10/6/2005 ----- \$ 0 | \$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE
MONTEE FOR AUDITOR

DATE
1/16/2006

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

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| A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. | 4. DATE RECEIVED ----- AGGREGATE TO DATE | 5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND) |
|---|---|---|
| 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Dr. Phyllis Roberts 2607 Cornell St. CITY/STATE: St. Joseph, MO 64506 EMPLOYER: Physician <input type="checkbox"/> COMMITTEE: | 10/6/2005 ----- \$ 0 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Russell Purvis 10104 Helena CITY/STATE: Kansas City, MO 64154 EMPLOYER: <input type="checkbox"/> COMMITTEE: | 10/6/2005 ----- \$ 0 | \$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Charlotte May 2825 Scott CITY/STATE: St. Joseph, MO 64507 EMPLOYER: Hospital Tech <input type="checkbox"/> COMMITTEE: | 10/12/2005 ----- \$ 0 | \$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Jacqueline Ross 4111 Miller Rd CITY/STATE: St. Joseph, MO 64505 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 10/6/2005 ----- \$ 0 | \$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Caleb Fairley 2405 Shirley Dr. CITY/STATE: St. Joseph, MO 64505 EMPLOYER: Paralegal <input type="checkbox"/> COMMITTEE: | 10/6/2005 ----- \$ 0 | \$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Glenda Kelly 3415 N. 3rd CITY/STATE: St. Joseph, MO 64506 EMPLOYER: Legal Assistant <input type="checkbox"/> COMMITTEE: | 10/12/2005 ----- \$ 0 | \$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: John Mayfield 18926 Powahaton Ct. E CITY/STATE: Independence, MO 64056 EMPLOYER: Bank Clerk <input type="checkbox"/> COMMITTEE: | 10/21/2005 ----- \$ 0 | \$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Margaret Humphrey 114 Bob Wright Road CITY/STATE: Maynardville, TN 37807 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE: | 10/21/2005 ----- \$ 0 | \$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

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|---|-------------------|
| NAME OF COMMITTEE MONTEE FOR AUDITOR | DATE 1/16/2006 |
|---|-------------------|

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

| A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. | 4. DATE RECEIVED ----- AGGREGATE TO DATE | 5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND) |
|---|---|---|
| 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Joseph Hershewe 3715 Beck Road CITY/STATE: St. Joseph, MO 64506 EMPLOYER: CPA <input type="checkbox"/> COMMITTEE: | 10/21/2005 ----- \$ 0 | \$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Deirdre Squires 2649 Frederick CITY/STATE: St. Joseph, MO 64506 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE: | 10/21/2005 ----- \$ 0 | \$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Patsy Nash 1106 Mockingbird Ct. CITY/STATE: St. Joseph, MO 64506 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE: | 10/21/2005 ----- \$ 0 | \$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Drew Brown 2213 Bershire Dr. CITY/STATE: St. Joseph, MO 64506 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE: | 10/21/2005 ----- \$ 0 | \$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: James Potts 1512 N 42nd Terrace CITY/STATE: St. Joseph, MO 64506 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE: | 10/21/2005 ----- \$ 0 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: J. Craig Moore 520 Southwood Lane CITY/STATE: St. Joseph, MO 64506 EMPLOYER: Insurance Broker <input type="checkbox"/> COMMITTEE: | 10/22/2005 ----- \$ 0 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Liberty Cellular, Inc. 2035 W. Kansas CITY/STATE: Liberty, MO 64068 EMPLOYER: <input type="checkbox"/> COMMITTEE: | 10/27/2005 ----- \$ 0 | \$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Thomas Stein 1100 Main, Suite 1660 CITY/STATE: Kansas City, MO 64105 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 10/27/2005 ----- \$ 0 | \$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |

TOTAL: ITEMIZED CONTRIBUTIONS

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

| | |
|---|-------------------|
| NAME OF COMMITTEE MONTEE FOR AUDITOR | DATE 1/16/2006 |
|---|-------------------|

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

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|---|---|---|
| 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: Ellen Suni ADDRESS: 1219 W. 69th Terrace CITY/STATE: Kansas City, MO 64113 EMPLOYER: Dean - UMKC Law School <input type="checkbox"/> COMMITTEE: | 10/28/2005 ----- \$ 0 | \$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: Steve Consentino ADDRESS: 1201 Walnut Street, Suite 2900 CITY/STATE: Kansas City, MO 64141 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 10/28/2005 ----- \$ 0 | \$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: Denise Henning ADDRESS: 9101 N. Stark Ct. CITY/STATE: Kansas City, MO 64157 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 10/28/2005 ----- \$ 0 | \$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: Nancy Cline ADDRESS: 8701 N. Braman Avenue CITY/STATE: Kansas City, MO 64154 EMPLOYER: Attoreny <input type="checkbox"/> COMMITTEE: | 10/28/2005 ----- \$ 0 | \$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: Robert Downs ADDRESS: 12403 Overbrook Rd CITY/STATE: Leawood, KS 66209 EMPLOYER: Law Professor <input type="checkbox"/> COMMITTEE: | 10/28/2005 ----- \$ 0 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: William Carr ADDRESS: 3145 Broadway CITY/STATE: Kansas City, MO 64111 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 10/28/2005 ----- \$ 0 | \$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: Andrea Bough ADDRESS: 1025 Arno CITY/STATE: Kansas City, MO 64113 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 10/28/2005 ----- \$ 0 | \$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: Anne Schiavone ADDRESS: 105 E. 5th Street CITY/STATE: Kansas City, MO 64106 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 10/28/2005 ----- \$ 0 | \$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |

TOTAL: ITEMIZED CONTRIBUTIONS

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

| | |
|---|-------------------|
| NAME OF COMMITTEE MONTEE FOR AUDITOR | DATE 1/16/2006 |
|---|-------------------|

INSTRUCTIONS

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|--|---|---|
| 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Henning & Bough 1044 Main, Suite 500 CITY/STATE: Kansas City, MO 64105 EMPLOYER: Attorneys <input type="checkbox"/> COMMITTEE: | 10/28/2005 ----- \$ 0 | \$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Litigation Resources Group, PC 1044 Main, Suite 500 CITY/STATE: Kansas City, MO 64105 EMPLOYER: Attorneys <input type="checkbox"/> COMMITTEE: | 10/28/2005 ----- \$ 0 | \$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Michael Talboy 21 W. 10th Street, #7E CITY/STATE: Kansas City, MO 64105 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 11/1/2005 ----- \$ 0 | \$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Jeffrey Smith 6003 N. Kansas CITY/STATE: Kansas City, MO 64119 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 11/1/2005 ----- \$ 0 | \$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Robert Pedroli 2723 Covington Place Est. CITY/STATE: St. Louis, MO 63131 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 11/1/2005 ----- \$ 0 | \$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Jane Rutherford 2900 SW 14th Street CITY/STATE: Lee's Summit, MO 64081 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 11/1/2005 ----- \$ 0 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Dr. William Gondring 17 Eastwood Dr. CITY/STATE: St. Joseph, MO 64506 EMPLOYER: Physician <input type="checkbox"/> COMMITTEE: | 11/1/2005 ----- \$ 0 | \$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Caleb Fairley 2405 Shirley Drive CITY/STATE: St. Joseph, MO 64503 EMPLOYER: Paralegal <input type="checkbox"/> COMMITTEE: | 11/1/2005 ----- \$ 520.00 | \$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

| | |
|---|-------------------|
| NAME OF COMMITTEE MONTEE FOR AUDITOR | DATE 1/16/2006 |
|---|-------------------|

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

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| A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. | 4. DATE RECEIVED ----- AGGREGATE TO DATE | 5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND) |
|--|---|---|
| 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Edelman & Thompson, LLC 3101 Broadway, Ste 800 CITY/STATE: Kansas City, MO 64111 EMPLOYER: Attorneys <input type="checkbox"/> COMMITTEE: | 11/4/2005 ----- \$ 0 | \$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Ronald Reed 320 Robidoux Ctr CITY/STATE: St. Joseph, MO 64501 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 11/7/2005 ----- \$ 0 | \$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Lewis Ray Allen CITY/STATE: 2702 Mitchell EMPLOYER: St. Joseph, MO 64507 <input type="checkbox"/> COMMITTEE: | 11/7/2005 ----- \$ 0 | \$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Lynn Caldwell 1505 W. 25th Ct., Apt 2B CITY/STATE: Lawrence, KS 66046 EMPLOYER: T-Mobile <input type="checkbox"/> COMMITTEE: | 11/7/2005 ----- \$ 0 | \$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Randy Hurd 1505 W. 25th Ct., Apt 2B CITY/STATE: Lawrence, KS 66046 EMPLOYER: USA Today <input type="checkbox"/> COMMITTEE: | 11/7/2005 ----- \$ 0 | \$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Martin, Leigh, Laws, & Fritzen, PC 400 Peck's Plaza, 1044 Main CITY/STATE: Kansas City, MO 64105 EMPLOYER: Attorneys <input type="checkbox"/> COMMITTEE: | 11/7/2005 ----- \$ 0 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Mira Mdivani 7007 College, Suite 400 CITY/STATE: Overland Park, KS 66211 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 11/7/2005 ----- \$ 0 | \$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: James Shetlar 12727 Mohawk Circle CITY/STATE: Leawood, KS 66209 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 11/7/2005 ----- \$ 0 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE
MONTEE FOR AUDITOR

DATE
1/16/2006

INSTRUCTIONS

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| A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. | 4. DATE RECEIVED ----- AGGREGATE TO DATE | 5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND) |
|--|---|---|
| 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Occupational Consulting Services 6700 Squibb, Suite 105 CITY/STATE: Mission, KS 66202 EMPLOYER: Physicians <input type="checkbox"/> COMMITTEE: | 11/10/2005 ----- \$ 0 | \$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: James Cannon 6 W. 112th Street CITY/STATE: Kansas City, MO 64114 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 10/8/2005 ----- \$ 0 | \$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: James Cannon 6 W. 112th Street CITY/STATE: Kansas City, MO 64114 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 11/29/2005 ----- \$ 220.00 | \$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Judy Dudley 204 Fulkerson CITY/STATE: St. Joseph, MO 64504 EMPLOYER: <input type="checkbox"/> COMMITTEE: | 11/10/2005 ----- \$ 0 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Kent Pickett Box 337 CITY/STATE: Stewartsville, MO 64490 EMPLOYER: <input type="checkbox"/> COMMITTEE: | 11/10/2005 ----- \$ 0 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Christie Smith 4701 Huntsboro Ct. CITY/STATE: St. Joseph, MO 64506 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 11/16/2005 ----- \$ 0 | \$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Mark Evans 105 E. 5th Street CITY/STATE: Kansas City, MO 64106 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 11/16/2005 ----- \$ 0 | \$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Anita Robb 550 Ward Parkway CITY/STATE: Kansas City, MO 64113 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 11/16/2005 ----- \$ 0 | \$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

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|---|-------------------|
| NAME OF COMMITTEE MONTEE FOR AUDITOR | DATE 1/16/2006 |
|---|-------------------|

INSTRUCTIONS

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|--|--|---|
| NAME: ADDRESS: Yonke & Pottenger, LLC 1150 Grand Blvd, Suite 600 CITY/STATE: Kansas City, MO 64106 EMPLOYER: Attorneys <input type="checkbox"/> COMMITTEE: | 11/18/2005 \$ 0 | \$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Charles Broomfield 705 NW 44th CITY/STATE: Kansas City, MO 64116 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE: | 11/22/2005 \$ 0 | \$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Sandra Reeves 1145 Nottingham Dr. CITY/STATE: Liberty, MO 64068 EMPLOYER: Clay Co. Collector <input type="checkbox"/> COMMITTEE: | 11/22/2005 \$ 0 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Becki Bardin 418 E. Mississippi CITY/STATE: Liberty, MO 64068 EMPLOYER: <input type="checkbox"/> COMMITTEE: | 11/22/2005 \$ 0 | \$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Patsy Johnson 10197 NE 336th CITY/STATE: Cameron, MO 64429 EMPLOYER: Nurse <input type="checkbox"/> COMMITTEE: | 11/22/2005 \$ 0 | \$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Jim Summers 1007 E. Maartins CITY/STATE: St. Joseph, MO 64506 EMPLOYER: Real Estate <input type="checkbox"/> COMMITTEE: | 11/22/2005 \$ 0 | \$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: James Morrow 901 E. 104th CITY/STATE: Kansas City, MO 64131 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 11/29/2005 \$ 0 | \$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Melvin Gorham 4516 Iris Ave CITY/STATE: St. Joseph, MO 64503 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE: | 11/29/2005 \$ 0 | \$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |

TOTAL: ITEMIZED CONTRIBUTIONS

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

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|---|-------------------|
| NAME OF COMMITTEE MONTEE FOR AUDITOR | DATE 1/16/2006 |
|---|-------------------|

INSTRUCTIONS

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|---|---|---|
| 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: Jimma Gorham ADDRESS: 4516 Iris Avenue CITY/STATE: St. Joseph, MO 64503 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE: | 11/29/2005 ----- \$ 0 | \$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: Law Offices of David Gleason ADDRESS: 2900 NE 60th Street CITY/STATE: Gladstone, MO 64119 EMPLOYER: Attorneys <input type="checkbox"/> COMMITTEE: | 11/30/2005 ----- \$ 0 | \$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: Derek Ward ADDRESS: 3430 Messanie, Apt 4a CITY/STATE: St. Joseph, MO 64504 EMPLOYER: Student <input type="checkbox"/> COMMITTEE: | 11/30/2005 ----- \$ 0 | \$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: Arlene Humphrey ADDRESS: 2715 Mulberry CITY/STATE: St. Joseph, MO 64501 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE: | 11/30/2005 ----- \$ 0 | \$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: Brian Tresnak ADDRESS: 4516 Claremont Ave CITY/STATE: Kansas City, MO 64133 EMPLOYER: Union Pacific Engineer <input type="checkbox"/> COMMITTEE: | 12/5/2005 ----- \$ 0 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: James Berry ADDRESS: 8824 Ivanhoe Trail CITY/STATE: Kansas City, MO 64131 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 12/5/2005 ----- \$ 0 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: Michael D. Holzknacht, PC ADDRESS: 12 Public Square CITY/STATE: Stockton, MO 65785 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 12/5/2005 ----- \$ 0 | \$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: Fred Arbanas ADDRESS: 3350 S.W. Hook Rd CITY/STATE: Lee's Summit, MO 64082 EMPLOYER: Jackson County Legislator <input type="checkbox"/> COMMITTEE: | 12/5/2005 ----- \$ 0 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |

TOTAL: ITEMIZED CONTRIBUTIONS

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE
MONTEE FOR AUDITOR

DATE
1/16/2006

INSTRUCTIONS

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|---|---|---|
| 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Edward Janosik 2128 East Woodhaven CITY/STATE: Springfield, MO 64508 EMPLOYER: Retired University Professor <input type="checkbox"/> COMMITTEE: | 12/5/2005 ----- \$ 0 | \$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Bonnie Sue Lawson 3709 Christie Lane CITY/STATE: St. Joseph, MO 64504 EMPLOYER: Public Adminstrator <input type="checkbox"/> COMMITTEE: | 12/7/2005 ----- \$ 0 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Rod Anderson 800 N. Central Avenue CITY/STATE: Monett, MO 65708 EMPLOYER: Produce Broker <input type="checkbox"/> COMMITTEE: | 12/7/2005 ----- \$ 0 | \$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Dr. Deborah Weems 520 S. 11th CITY/STATE: St. Joseph, MO 64501 EMPLOYER: Physician <input type="checkbox"/> COMMITTEE: | 12/7/2005 ----- \$ 0 | \$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Judy Vickrey 88 Grandview CITY/STATE: Warrensburg, MO 64093 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE: | 12/7/2005 ----- \$ 0 | \$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Thomas Cobb 5391 SE Riverside Terr. CITY/STATE: St. Joseph, MO 64507 EMPLOYER: Acme Music <input type="checkbox"/> COMMITTEE: | 12/7/2005 ----- \$ 0 | \$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Jacqueline Ross 411 Miller Rd CITY/STATE: St. Joseph, MO 64505 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 12/7/2005 ----- \$ 1200.00 | \$ 1,180.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Randall Relford 504 Country Club Square CITY/STATE: Cameron. MO 64429 EMPLOYER: <input type="checkbox"/> COMMITTEE: | 12/7/2005 ----- \$ 0 | \$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| TOTAL: ITEMIZED CONTRIBUTIONS | | <div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">--</div> |
| (CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1) | | |



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE
MONTEE FOR AUDITOR

DATE
1/16/2006

INSTRUCTIONS

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|---|---|---|
| 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Caleb Fairley 2405 Shirley Drive CITY/STATE: St. Joseph, MO 64503 EMPLOYER: Paralegal <input type="checkbox"/> COMMITTEE: | 12/16/2005 ----- \$ 570.00 | \$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: James Cannon 6 W. 112th Street CITY/STATE: Kansas City, MO 64114 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 12/16/2005 ----- \$ 520.00 | \$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Michelle Lahr 4338 Rockhill Rd CITY/STATE: Kansas City, MO 64110 EMPLOYER: Consultant <input type="checkbox"/> COMMITTEE: | 12/16/2005 ----- \$ 0 | \$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Sly James 802 Broadway, 7th Floor CITY/STATE: Kansas City, MO 64105 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 12/16/2005 ----- \$ 0 | \$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Frederick Wickham 4240 Blue Ridge Blvd. CITY/STATE: Kansas City, MO 64133 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 12/20/2005 ----- \$ 0 | \$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Pamela Coffin 2904 Accomac St. CITY/STATE: St. Louis, MO 63104 EMPLOYER: <input type="checkbox"/> COMMITTEE: | 12/23/2005 ----- \$ 0 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Carol McCaslin 2300 N.E. Barry Rd CITY/STATE: Kansas City, MO 64155 EMPLOYER: Clay Co. Presiding Commissioner <input type="checkbox"/> COMMITTEE: | 12/23/2005 ----- \$ 0 | \$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Gary Humphrey 3384 Piazza Lane CITY/STATE: Edwardsville, IL 62025 EMPLOYER: Computer Programmer <input type="checkbox"/> COMMITTEE: | 12/23/2005 ----- \$ 0 | \$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| TOTAL: ITEMIZED CONTRIBUTIONS | | <div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">--</div> |
| (CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1) | | |



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

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|---|-------------------|
| NAME OF COMMITTEE MONTEE FOR AUDITOR | DATE 1/16/2006 |
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INSTRUCTIONS

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|--|---|---|
| 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Victoria Humphrey CITY/STATE: 3384 Piazza Lane EMPLOYER: Edwardsville, IL 62025 <input type="checkbox"/> COMMITTEE: | 12/23/2005 ----- \$ 0 | \$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Linda Madsen CITY/STATE: 6003 North Kansas Avenue EMPLOYER: Gladstone, MO 64119 <input type="checkbox"/> COMMITTEE: | 12/23/2005 ----- \$ 0 | \$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Mark Jaekle CITY/STATE: 4891 Mount View Dr. EMPLOYER: Lockport, NY 14094 District Sales Manager <input type="checkbox"/> COMMITTEE: | 12/23/2005 ----- \$ 0 | \$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Krista Jaekle CITY/STATE: 4891 Mount View Drive EMPLOYER: Lockport, NY 14094 Teacher <input type="checkbox"/> COMMITTEE: | 12/23/2005 ----- \$ 0 | \$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Joseph Zurlo CITY/STATE: 177 Bloomingdale Rd EMPLOYER: Akron, NY 14001 Retired Teacher <input type="checkbox"/> COMMITTEE: | 12/29/2005 ----- \$ 0 | \$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Monte Zurlo CITY/STATE: 177 Bloomingdale Rd EMPLOYER: Akron, NY 14001 Senior Sales Engineer <input type="checkbox"/> COMMITTEE: | 12/29/2005 ----- \$ 0 | \$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Edna Talboy CITY/STATE: 11153 Walnut EMPLOYER: Kansas City, MO 64114 Consultant <input type="checkbox"/> COMMITTEE: | 12/29/2005 ----- \$ 0 | \$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Montee Law Firm, PC CITY/STATE: 520 Francis St. EMPLOYER: St. Joseph, MO 64501 Attorneys <input type="checkbox"/> COMMITTEE: | 12/30/2005 ----- \$ 0 | \$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

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|---|-------------------|
| NAME OF COMMITTEE MONTEE FOR AUDITOR | DATE 1/16/2006 |
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| A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. | 4. DATE RECEIVED ----- AGGREGATE TO DATE | 5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND) |
|--|---|---|
| 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Grant Davis 1100 Main, Suite 2930 CITY/STATE: Kansas City, MO 64105 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 10/28/2005 ----- \$ 0 | \$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Langdon & Emison P.O. Box 220 CITY/STATE: Lexington, MO 64067 EMPLOYER: Attorneys <input type="checkbox"/> COMMITTEE: | 10/28/2005 ----- \$ 0 | \$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Sharon Aring CITY/STATE: 16120 County Rd "B" EMPLOYER: Smithville, MO 64089 <input type="checkbox"/> COMMITTEE: | 10/28/2005 ----- \$ 0 | \$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Fred Edwards 7010 N.W. 73rd Terrace CITY/STATE: Kansas City, MO 64152 EMPLOYER: Trainman - BNSF <input type="checkbox"/> COMMITTEE: | 10/28/2005 ----- \$ 0 | \$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Karen Pittman CITY/STATE: 5833 N. Lenox EMPLOYER: Kansas City, MO 64151 <input type="checkbox"/> COMMITTEE: | 10/28/2005 ----- \$ 0 | \$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Michael Brazil CITY/STATE: 6507 Valley View Drive EMPLOYER: Parkville, MO 64152 <input type="checkbox"/> COMMITTEE: | 10/28/2005 ----- \$ 0 | \$ 35.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Bill Bishop CITY/STATE: 6811 NW Pleasantview Dr EMPLOYER: Kansas City, MO 64102 <input type="checkbox"/> COMMITTEE: | 10/28/2005 ----- \$ 0 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Gale Carpenter CITY/STATE: 306 S. 4th EMPLOYER: Gower, MO 64454 Attorney <input type="checkbox"/> COMMITTEE: | 10/28/2005 ----- \$ 0 | \$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

| | |
|---|-------------------|
| NAME OF COMMITTEE MONTEE FOR AUDITOR | DATE 1/16/2006 |
|---|-------------------|

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

| A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. | 4. DATE RECEIVED ----- AGGREGATE TO DATE | 5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND) |
|---|---|---|
| 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Joyce Smith 3000 Swift #371 CITY/STATE: North Kansas City, MO 64116 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE: | 11/1/2005 ----- \$ 0 | \$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Timothy Hill 701 Market St., Suite 275 CITY/STATE: St. Louis, MO 63101 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 11/4/2005 ----- \$ 0 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Nancy Kenner 4717 Grand Avenue CITY/STATE: Kansas City, MO 64112 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 11/4/2005 ----- \$ 0 | \$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Frederick Bryant 3628 Gradstone Blvd CITY/STATE: Kansas City, MO 64123 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 11/4/2005 ----- \$ 0 | \$ 350.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Thomas Bryant 7416 N. Smalley CITY/STATE: Kansas City, MO 64158 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 11/4/2005 ----- \$ 0 | \$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Rubens, Kase, Hager, Cambiano & Bryant, PC 9237 Ward Parkway, Suite 330 CITY/STATE: Kansas City, MO 64114 EMPLOYER: Attorneys <input type="checkbox"/> COMMITTEE: | 11/4/2005 ----- \$ 0 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Herbert McIntosh 5510 NW Foxhill Rd CITY/STATE: Parkhill, MO 64152 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 11/4/2005 ----- \$ 0 | \$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: McIntosh Law Firm, PC 1125 Grand Blvd. Ste 1800 CITY/STATE: Kansas City, MO 64106 EMPLOYER: <input type="checkbox"/> COMMITTEE: | 11/4/2005 ----- \$ 0 | \$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |

TOTAL: ITEMIZED CONTRIBUTIONS

| |
|----|
| -- |
|----|

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

| | |
|---|-------------------|
| NAME OF COMMITTEE MONTEE FOR AUDITOR | DATE 1/16/2006 |
|---|-------------------|

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

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| A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. | 4. DATE RECEIVED ----- AGGREGATE TO DATE | 5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND) |
|--|---|---|
| 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: Gloria Davis ADDRESS: 19777 Highway 59 CITY/STATE: St. Joseph, MO 64505 EMPLOYER: Executive Dir. Atchison Art Assn <input type="checkbox"/> COMMITTEE: | 12/7/2005 ----- \$ 0 | \$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: Bonnie Downs ADDRESS: 12403 Overbrook Rd. CITY/STATE: Leawood, KS 66209 EMPLOYER: <input type="checkbox"/> COMMITTEE: | 12/9/2005 ----- \$ 0 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: Jim Kabell ADDRESS: 4094 Highway UU CITY/STATE: Miller, MO 65707 EMPLOYER: Business Mgr Teamsters 245 <input type="checkbox"/> COMMITTEE: | 12/9/2005 ----- \$ 0 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: Michael Talboy ADDRESS: 21 W. 10th Street, #7E CITY/STATE: Kansas City, MO 64105 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 12/9/2005 ----- \$ 750.00 | \$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: Everett Purvis ADDRESS: 6429 NW 70th #9 CITY/STATE: Kansas City, MO 64151 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE: | 12/13/2005 ----- \$ 0 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: Patty Purvis ADDRESS: 6429 NW 70th #9 CITY/STATE: Kansas City, MO 64151 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE: | 12/13/2005 ----- \$ 0 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: Doug Mitchell ADDRESS: 500 NW 301 CITY/STATE: Warrensburg, MO 64093 EMPLOYER: Legal Investigations <input type="checkbox"/> COMMITTEE: | 12/13/2005 ----- \$ 0 | \$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: Gregory Lear ADDRESS: 1009 Arno Rd CITY/STATE: Kansas City, MO 64113 EMPLOYER: <input type="checkbox"/> COMMITTEE: | 12/13/2005 ----- \$ 0 | \$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

| | |
|---|-------------------|
| NAME OF COMMITTEE MONTEE FOR AUDITOR | DATE 1/16/2006 |
|---|-------------------|

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

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| A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. | 4. DATE RECEIVED ----- AGGREGATE TO DATE | 5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND) |
|---|---|---|
| 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Michael Talboy 21 W. 10th Street #7E CITY/STATE: Kansas City, MO 64105 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 12/29/2005 ----- \$ 950.00 | \$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Kurt Neff 3903 Bucher Dr. CITY/STATE: St. Joseph, MO 64503 EMPLOYER: Sales <input type="checkbox"/> COMMITTEE: | 12/29/2005 ----- \$ 0 | \$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Mary Neff 3903 Bucher Dr. CITY/STATE: St. Joseph, MO 64503 EMPLOYER: Programmer <input type="checkbox"/> COMMITTEE: | 12/29/2005 ----- \$ 0 | \$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Stracener Electric LLC 1824 Messanie St. CITY/STATE: St. Joseph, MO 64507 EMPLOYER: <input type="checkbox"/> COMMITTEE: | 12/29/2005 ----- \$ 0 | \$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Glenda Kelly 3415 N. 3rd CITY/STATE: St. Joseph, MO 64506 EMPLOYER: Legal Assistant <input type="checkbox"/> COMMITTEE: | 12/30/2005 ----- \$ 800.00 | \$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Michael Humphrey 8509 NW 81st Terrace CITY/STATE: Kansas City, MO 64152 EMPLOYER: Programmer <input type="checkbox"/> COMMITTEE: | 12/30/2005 ----- \$ 0 | \$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Kimberly Humphrey 8509 NW 81st Terrace CITY/STATE: Kansas City, MO 64152 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 12/30/2005 ----- \$ 0 | \$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Zach Holden 13212 El Monte St. CITY/STATE: Leawood, KS 66209 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 12/30/2005 ----- \$ 0 | \$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |

TOTAL: ITEMIZED CONTRIBUTIONS

| |
|----|
| -- |
|----|

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE
MONTEE FOR AUDITOR

DATE
1/16/2006

INSTRUCTIONS

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| A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. | 4. DATE RECEIVED ----- AGGREGATE TO DATE | 5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND) |
|--|---|---|
| 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: Tim Dollar ADDRESS: 1079 NE Lake Point Court CITY/STATE: Blue Springs, MO 64014 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 12/30/2005 ----- \$ 0 | \$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: Sommers Admin & Temp Service, Inc. ADDRESS: 624 N. 8th Street CITY/STATE: St. Joseph, MO 64501 EMPLOYER: St. Joseph, MO 64501 <input type="checkbox"/> COMMITTEE: | 12/30/2005 ----- \$ 0 | \$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: Jeane Miller ADDRESS: 3204 Hampton Road CITY/STATE: St. Joseph, MO 64505 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE: | 12/30/2005 ----- \$ 0 | \$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: Law Offices of Tim Dollar, LLC ADDRESS: 1100 Main, Suite 2600 CITY/STATE: Kansas City, MO 64105 EMPLOYER: Kansas City, MO 64105 <input type="checkbox"/> COMMITTEE: | 12/31/2005 ----- \$ 0 | \$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: John Sullivan ADDRESS: 1125 8th Avenue CITY/STATE: Seattle, WA 98118 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: | 12/31/2005 ----- \$ 0 | \$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: CITY/STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE: | ----- \$ | \$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: CITY/STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE: | ----- \$ | \$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: CITY/STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE: | ----- \$ | \$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: CITY/STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE: | ----- \$ | \$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| TOTAL: ITEMIZED CONTRIBUTIONS | | <div style="border: 1px solid black; width: 100px; height: 20px; text-align: right;">--</div> |

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

| | | | |
|---|--|--|-----------------------------------|
| 1. NAME OF COMMITTEE MONTEE FOR AUDITOR | | 2. REPORT DATE 1/16/2006 | |
| A. EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW) | | 4. AMOUNT PAID OR INCURRED THIS PERIOD | |
| 3. CATEGORY OF EXPENDITURE | | | |
| Check Printing | | \$ 80.94 | |
| Bank Charges | | \$ 69.10 | |
| 5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4) | | \$ 150.04 | |
| 6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES | | + \$ 0.00 | |
| 7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6) | | \$ 150.04 | |
| B. ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS | | 10. PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID) | |
| 8. NAME AND ADDRESS OF RECIPIENT | | 9. DATE | 11. AMOUNT THIS PERIOD |
| NAME: | | | \$ |
| ADDRESS: | | | <input type="checkbox"/> PAID |
| CITY / STATE: | | \$ | <input type="checkbox"/> INCURRED |
| NAME: | | | \$ |
| ADDRESS: View Supplemental Form(s) | | | <input type="checkbox"/> PAID |
| CITY / STATE: | | \$ | <input type="checkbox"/> INCURRED |
| NAME: | | | \$ |
| ADDRESS: | | | <input type="checkbox"/> PAID |
| CITY / STATE: | | \$ | <input type="checkbox"/> INCURRED |
| NAME: | | | \$ |
| ADDRESS: | | | <input type="checkbox"/> PAID |
| CITY / STATE: | | \$ | <input type="checkbox"/> INCURRED |
| NAME: | | | \$ |
| ADDRESS: | | | <input type="checkbox"/> PAID |
| CITY / STATE: | | \$ | <input type="checkbox"/> INCURRED |
| 12. SUBTOTAL: THIS PAGE (SUM COLUMN 11) | | \$ 0.00 | |
| 13. SUBTOTAL: ANY ATTACHED PAGES | | + \$ 10,173.61 | |
| 14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 +13) | | \$ 10,173.61 | |
| 15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14) | | \$ 10,323.65 | |
| 16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD | | \$ 10,323.65 | |
| 17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD | | \$ 0.00 | |
| 18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD, LIST AMOUNT | | \$ 0.00 | |
| 19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B) | | \$ 0.00 | |
| C. MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT) | | 21. DATE | 22. AMOUNT |
| 20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE | | | |
| NAME: | | | |
| ADDRESS: | | | |
| CITY / STATE: | | | \$ |
| NAME: | | | |
| ADDRESS: | | | |
| CITY / STATE: | | | \$ |
| NAME: | | | |
| ADDRESS: | | | |
| CITY / STATE: | | | \$ |
| 23. SUBTOTAL: THIS PAGE (SUM COLUMN 22) | | \$ 0.00 | |
| 24. SUBTOTAL: ANY ATTACHED PAGES | | + \$ 0.00 | |
| 25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24) | | \$ 0.00 | |
| 26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT | | \$ 0.00 | |
| 27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26) | | \$ 0.00 | |
| 28. IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD, LIST AMOUNT | | \$ 0.00 | |



MISSOURI ETHICS COMMISSION
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY

| | | | |
|--|------------|--|---|
| NAME OF COMMITTEE MONTEE FOR AUDITOR | | REPORT DATE 1/16/2006 | |
| ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS | | | |
| NAME AND ADDRESS OF RECIPIENT | DATE | PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID) | AMOUNT THIS PERIOD |
| NAME: Damar Printing ADDRESS: 112 Swift CITY/STATE: Kansas City, MO | 10/7/2005 | Printing \$ 0.00 | \$ <input type="checkbox"/> PAID 1,185.39 <input type="checkbox"/> INCURRED |
| NAME: Damar Printing ADDRESS: 112 Swift CITY/STATE: Kansas City, MO | 10/13/2005 | Printing \$ 2,475.25 | \$ <input type="checkbox"/> PAID 1,289.86 <input type="checkbox"/> INCURRED |
| NAME: Warrior Hill ADDRESS: 2804 College Lane CITY/STATE: St. Joseph, MO 64503 | 10/20/2005 | Website \$ 0.00 | \$ <input type="checkbox"/> PAID 444.00 <input type="checkbox"/> INCURRED |
| NAME: U.S.P.S. ADDRESS: 201 S. 8th CITY/STATE: St. Joseph, MO 64501 | 10/20/2005 | Postage \$ 0.00 | \$ <input type="checkbox"/> PAID 1,300.00 <input type="checkbox"/> INCURRED |
| NAME: Damar Printing ADDRESS: 112 Swift CITY/STATE: Kansas City, MO | 10/28/2005 | Printing \$ 3,958.75 | \$ <input type="checkbox"/> PAID 1,482.50 <input type="checkbox"/> INCURRED |
| NAME: Vedros Printing & Advertising ADDRESS: P.O. Box 16018 CITY/STATE: Kansas City, MO 64112 | 11/2/2005 | Printing \$ 0.00 | \$ <input type="checkbox"/> PAID 1,871.86 <input type="checkbox"/> INCURRED |
| NAME: U.S.P.S. ADDRESS: 201 S. 8th CITY/STATE: St. Joseph, MO 64501 | 11/18/2005 | Postage \$ 3,300.00 | \$ <input type="checkbox"/> PAID 2,000.00 <input type="checkbox"/> INCURRED |
| NAME: Warrior Hill ADDRESS: 2408 College Lane CITY/STATE: St. Joseph, MO 64503 | 12/1/2005 | Website \$ 1,044.00 | \$ <input type="checkbox"/> PAID 600.00 <input type="checkbox"/> INCURRED |
| NAME: ADDRESS: CITY/STATE: | | \$ | \$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED |
| NAME: ADDRESS: CITY/STATE: | | \$ | \$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED |
| NAME: ADDRESS: CITY/STATE: | | \$ | \$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED |
| NAME: ADDRESS: CITY/STATE: | | \$ | \$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED |
| NAME: ADDRESS: CITY/STATE: | | \$ | \$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED |
| NAME: ADDRESS: CITY/STATE: | | \$ | \$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED |
| NAME: ADDRESS: CITY/STATE: | | \$ | \$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED |
| TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3) | | | \$ -- |